JUL 1 4 2005

PTO/SB/21 (09-94)
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U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE to a collection of information unless it displays a valid OMB control number. perwork Reduction Act of 1995, no persons are required to respond to Application Number 10,706,630 **TRANSMITTAL** Filing Date November 12, 2003 First Named Inventor **FORM** McDONALD

MADEMA Art Unit 3738 **Examiner Name** PREBILIC, P (to be used for all correspondence after initial filing) Attorney Docket Number 2900004.000002 Total Number of Pages in This Submission

ENCLOSURES (Check all that apply)									
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Fee Transmittal Form Fee Attached Amendment/Reply After Final Affidavits/declaration(s) Extension of Time Request Express Abandonment Request Information Disclosure Statement Certified Copy of Priority Document(s) Reply to Missing Parts/ Incomplete Application Reply to Missing Parts under 37 CFR 1.52 or 1.53	Drawing(s) Licensing-related Papers Petition Petition to Convert to a Provisional Application Power of Attorney, Revocation Change of Correspondence Ad Terminal Disclaimer Request for Refund CD, Number of CD(s) Landscape Table on CD Remarks	After Allowance Communication to TC Appeal Communication to Board of Appeals and Interferences Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) Proprietary Information						
	SIGNA	ATURE OF APPLICANT, ATTOR	NEY, OR AGENT						
Firm Name BAKER, DONELSON, BEARMAN, CALDWELL & BERKOWITZ, PC									
Signature (1) Curry (2)									
Printed	Printed name W. EDWARD RAMAGE								
Date July 11, 2005		Re	eg. No. 50,810						
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Application Number Applica	BEDEWARK to the Co	Complete if Known										
FOR FY 2005 First Named Inventor McDONALD		Application Number	r 10/706,630									
Examiner Name		Filing Date	November 12, 2003									
Art Unit 3738 Art Unit	1	First Named Inventor	McDONALD									
Note Standard St	Applicant claims	Examiner Name	PREBILIC, P									
METHOD OF PAYMENT (check all that apply) ✓ Check		Art Unit 3738										
Check	TOTAL AMOUNT OF	Attorney Docket No.	2900004.000002									
Deposit Account Deposit Account Number_08-1629 Deposit Account Namer_Baker Done son For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below	METHOD OF PAYMENT (check all that apply)											
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below	Check Credit Card Money Order None Other (please identify):											
Charge fee(s) indicated below	Deposit Accour	nt Deposit Account	Number: <u>08-1629</u>	Deposit Account I	Name: Bake	er Donelson						
Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments	For the above-i	dentified deposit a	ecount, the Director is he	reby authorized to: (chec	k all that ap	ply)						
MARNING: Information and information should not be included on this form. Provide credit card information and authorization on PTO-2038. FEE CALCULATION	Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee											
### FEE CALCULATION 1. BASIC FILING, SEARCH, AND EXAMINATION FEES FILING FEES Small Entity Fee (\$)	under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card											
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